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CONFIRMATION NO. 9490

Bib Data Sheet

SERIAL NUMBER 10/533,214	FILING OR 371(c) DATE 04/28/2005 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. X-16031
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APPLICANTS

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** CONTINUING DATA *****

This application is a 371 of PCT/US03/35051 11/18/2003
 which claims benefit of 60/427,514 11/19/2002

** FOREIGN APPLICATIONS *****

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IN	SHEETS DRAWING	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

25885

TITLE

Treatment of gastrointestinal disorders with duloxetine

FILING FEE RECEIVED 1000	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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